

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office

DATE STAMP

Name of Candidate WALTER L. ROBINSONAddress P.O. BOX 249 BOLTON, MS 39041Telephone 601-966-1499 Fax _____Contact Name WALTER L. ROBINSON Email _____Office Sought State Rep Political Party Democrat☐ Check here if above is different from previous report**TYPE OF REPORT**

____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory

____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates

____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates

____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates

☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 9,450.00 + \$ 350.00	\$ 9,800.00	\$ 14,360.00
Total amount of disbursements	\$ 4,800.00 + \$ 3,200.00	\$ 8,000.00	\$ 10,000.00
Total amount of cash on hand		\$ 4,360.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Walter L. RobinsonDate 1-31-2011

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-369-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

WALTER L. ROBINSON

Reporting period

JANUARY 1, 2010

through

DECEMBER 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WALTER L. ROBINSON</u>	<u>2/23/10</u>	\$ <u>250.00</u>
Mailing Address		
<u>P.O. Box 249</u>	<u>3/26/10</u>	\$ <u>300.00</u>
City, State, Zip Code		
<u>BOLTON MS 39041</u>	Aggregate Year-to-date	\$ <u>550.00</u>
Purpose of Disbursement (Optional)		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Jearline ROBINSON</u>	<u>5/22/10</u>	\$ <u>450.00</u>
Mailing Address		
<u>P.O. Box 249</u>	<u>6/16/10</u>	\$ <u>520.00</u>
City, State, Zip Code		
<u>BOLTON MS</u>	Aggregate Year-to-date	\$ <u>970.00</u>
Purpose of Disbursement (Optional)		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WALTER ROBINSON</u>	<u>4/20/10</u>	\$ <u>450.00</u>
Mailing Address		
<u>P.O. Box 249</u>	<u>4/26/10</u>	\$ <u>370.00</u>
City, State, Zip Code		
<u>BOLTON MS</u>	Aggregate Year-to-date	\$ <u>820.00</u>
Purpose of Disbursement (Optional)		
<u>INSURANCE CONVENTION</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WALTER L. ROBINSON</u>	<u>6/23/10</u>	\$ <u>375.00</u>
Mailing Address		
<u>P.O. Box 249</u>	<u>8/26/10</u>	\$ <u>500.00</u>
City, State, Zip Code		
<u>BOLTON MS</u>	Aggregate Year-to-date	\$ <u>875.00</u>
Purpose of Disbursement (Optional)		
<u>National Black Curr. Conference</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Jearline ROBINSON</u>	<u>11/18/10</u>	\$ <u>375.00</u>
Mailing Address		
<u>P.O. Box 249</u>	<u>12/17/10</u>	\$ <u>350.00</u>
City, State, Zip Code		
<u>BOLTON MS</u>	Aggregate Year-to-date	\$ <u>725.00</u>
Purpose of Disbursement (Optional)		
<u>Thanksgiving and Christmas for senior citizens</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Mt. Olive M. B. Church</u>	<u>5/16/10</u>	\$ <u>300.00</u>
Mailing Address		
City, State, Zip Code		
<u>Bolton MS 39041</u>	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		

Name of Candidate or Committee

Page _____ of _____

Reporting period

through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Min Health Care Co.</i>	<i>4/20/10</i>	\$ <i>1,000.00</i>
Mailing Address <i>1076 Highland Colony</i>	<i>—/—/—</i>	\$
City, State, Zip Code <i>Ridgeland, MS 39157</i>	<i>—/—/—</i>	\$
Name of Employer (Required) <i>Monessa Henderson</i>	<i>—/—/—</i>	\$
Occupation (Required) <i>Executive Dir.</i>	Aggregate year-to-date	\$ <i>1,000.00</i>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Independent Living of MS</i>	<i>4/12/10</i>	\$ <i>500.00</i>
Mailing Address <i>124 Remond</i>	<i>—/—/—</i>	\$
City, State, Zip Code <i>Flowood, MS</i>	<i>—/—/—</i>	\$
Name of Employer (Required) <i>Clinton Graham</i>	<i>—/—/—</i>	\$
Occupation (Required) <i>Exec. Vice President</i>	Aggregate year-to-date	\$ <i>500.00</i>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>AT&T</i>	<i>8/6/10</i>	\$ <i>250.00</i>
Mailing Address <i>175 East Capitol St</i>	<i>—/—/—</i>	\$
City, State, Zip Code <i>Jackson, MS</i>	<i>—/—/—</i>	\$
Name of Employer (Required) <i>Randy Ruvaul</i>	<i>—/—/—</i>	\$
Occupation (Required)	Aggregate year-to-date	\$ <i>250.00</i>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>United Health Care</i>	<i>4/16/10</i>	\$ <i>1,000.00</i>
Mailing Address <i>P.O. Box 15645</i>	<i>—/—/—</i>	\$
City, State, Zip Code <i>Los Angeles</i>	<i>—/—/—</i>	\$
Name of Employer (Required) <i>Ann Jensen</i>	<i>—/—/—</i>	\$
Occupation (Required) <i>Manager</i>	Aggregate year-to-date	\$ <i>1,000.00</i>

Name of Candidate or Committee WALTER ROBINSONReporting period January 1 through December 31, 2010**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>America Insurance art</u>	<u>6-1-10</u>	\$ <u>1,000.00</u>	
Mailing Address <u>5565 Glen Ridge, Connecticut</u>	<u>1-1-10</u>	\$	
City, State, Zip Code <u>1-1-10</u>	<u>1-1-10</u>	\$	
Name of Employer (Required) <u>Cecil Pearce</u>	<u>1-1-10</u>	\$	
Occupation (Required) <u>Cecil president</u>	Aggregate year-to-date	\$ <u>1,000.00</u>	
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____			
Full name <u>John A. ...</u>	<u>11-1-10</u>	\$ <u>500.00</u>	
Mailing Address <u>2350 Kennel Blvd</u>	<u>1-1-10</u>	\$	
City, State, Zip Code <u>San Rafael Ca</u>	<u>1-1-10</u>	\$	
Name of Employer (Required) <u>Dennis Eds</u>	<u>1-1-10</u>	\$	
Occupation (Required) <u>Ceo</u>	Aggregate year-to-date	\$ <u>500.00</u>	
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____			
Full name <u>Main Power Co.</u>	<u>6-17-10</u>	\$ <u>406.00</u>	
Mailing Address <u>2992 West Beach Blvd.</u>	<u>1-1-10</u>	\$	
City, State, Zip Code <u>Gulfport, miss</u>	<u>1-1-10</u>	\$	
Name of Employer (Required) <u>John Thornton</u>	<u>1-1-10</u>	\$	
Occupation (Required) <u>Chairman</u>	Aggregate year-to-date	\$ <u>406.00</u>	
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____			
Full name <u>Miss Doris J. PAC</u>	<u>8-18-10</u>	\$ <u>1,006.00</u>	
Mailing Address <u>2630 Ridgeway Blvd</u>	<u>1-1-10</u>	\$	
City, State, Zip Code <u>Leck, ny</u>	<u>1-1-10</u>	\$	
Name of Employer (Required) <u>W. Mark Ronald</u>	<u>1-1-10</u>	\$	
Occupation (Required) <u>Chairman</u>	Aggregate year-to-date	\$ <u>1,006.00</u>	

Name of Candidate or Committee

WALTER ROBINSON

Reporting period

Jan 1

through

Recon 3/2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Steve Jam</u>	<u>7-1-10</u>	\$ <u>200.00</u>
Mailing Address	<u>2511 Kellum Road</u>	<u>1-1-</u>	\$
City, State, Zip Code	<u>Irwin, Pa</u>	<u>1-1-</u>	\$
Name of Employer (Required)	<u>Thomas Buffet</u>	<u>1-1-</u>	\$
Occupation (Required)	<u>Agent</u>	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Financial Services Center of Inc</u>	<u>10-1-10</u>	\$ <u>300.00</u>
Mailing Address	<u>P.O. Box 320805</u>	<u>1-1-</u>	\$
City, State, Zip Code	<u>Shawnee, Mo</u>	<u>1-1-</u>	\$
Name of Employer (Required)	<u>Rev. Kellum</u>	<u>1-1-</u>	\$
Occupation (Required)	<u>President</u>	Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Miss Annmaria Co. of Inc</u>	<u>4-12-12</u>	\$ <u>500.00</u>
Mailing Address	<u>404 Parkway Plaza</u>	<u>1-1-</u>	\$
City, State, Zip Code	<u>Kiddering, Mo</u>	<u>1-1-</u>	\$
Name of Employer (Required)	<u>Michael Houser</u>	<u>1-1-</u>	\$
Occupation (Required)	<u>C.F.O.</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>NAIFA-MS</u>	<u>12-29-08</u>	\$ <u>1,000.00</u>
Mailing Address	<u>P.O. Box 13649</u>	<u>1-1-</u>	\$
City, State, Zip Code	<u>Jackson, Mo</u>	<u>1-1-</u>	\$
Name of Employer (Required)	<u>Erin White</u>	<u>1-1-</u>	\$
Occupation (Required)	<u>Divide</u>	Aggregate year-to-date	\$

Name of Candidate or Committee

Walter Robinson

Reporting period

January 1

through

December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Scouters Bureau Life Co</u>	<u>4/8/10</u>	<u>\$1,000.00</u>
Mailing Address	<u>P.O. Box 78</u>	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	<u> / / </u>	\$
Occupation (Required)	<u>Executive U.P.</u>	Aggregate year-to-date	<u>\$1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>NFLB</u>	<u>12/12/10</u>	<u>\$400.00</u>
Mailing Address	<u>300 B North State</u>	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	<u> / / </u>	\$
Occupation (Required)	<u>Johnny</u>	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	<u> / / </u>	\$
Mailing Address	<u> / / </u>	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	<u> / / </u>	\$
Occupation (Required)	<u> / / </u>	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	<u> / / </u>	\$
Mailing Address	<u> / / </u>	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	<u> / / </u>	\$
Occupation (Required)	<u> / / </u>	Aggregate year-to-date	\$

Name of Candidate or Committee

WALTER L. ROBINSON

Reporting period

January 1, 2005 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WALTER ROBINSON</u>	<u>2/12/09</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 249</u>	<u>4/12/09</u>	\$ <u>300.00</u>
City, State, Zip Code <u>BOLTON, MS 39041</u>	Aggregate Year-to-date	\$ <u>600.00</u>
Purpose of Disbursement (Optional)		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WALTER L. ROBINSON</u>	<u>5/12/09</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 249</u>	<u>6/9/09</u>	\$ <u>500.00</u>
City, State, Zip Code <u>BOLTON, MS 39041</u>	Aggregate Year-to-date	\$ <u>900.00</u>
Purpose of Disbursement (Optional)		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Michael M. B. Chini</u>	<u>7/24/09</u>	\$ <u>300.00</u>
Mailing Address	<u>8/12/09</u>	\$ <u>500.00</u>
City, State, Zip Code <u>BOLTON, MISS 39041</u>	Aggregate Year-to-date	\$ <u>800.00</u>
Purpose of Disbursement (Optional)		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WALTER ROBINSON</u>	<u>8/17/09</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 249</u>	<u>2/14/09</u>	\$ <u>300.00</u>
City, State, Zip Code <u>BOLTON, MS 39041</u>	Aggregate Year-to-date	\$ <u>800.00</u>
Purpose of Disbursement (Optional)		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WALTER ROBINSON</u>	<u>4/15/09</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 249</u>	<u>12/18/02</u>	\$ <u>200.00</u>
City, State, Zip Code <u>BOLTON, MISS 39041</u>	Aggregate Year-to-date	\$ <u>500.00</u>
Purpose of Disbursement (Optional)		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/09</u>	\$
Mailing Address	<u>1/1/09</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name <i>Clinton P. Levin</i>	Date (Mo., Day, Year) <i>2/2/10</i>	Amount of each disbursement this period \$ <i>325.00</i>
Mailing Address <i>200 Bell 249</i>		
City, State, Zip Code <i>Reno, NV</i>	<i>2/26/10</i>	\$ <i>275.00</i>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <i>600.00</i>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$